

<i>SERFF Tracking Number:</i>	<i>HARL-125985372</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Hartford Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41343</i>
<i>Company Tracking Number:</i>	<i>GBD_1100_GCF_E34_2009_01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>GCF_AR_HL_GBD-1100_E34_PW/EP_Correction</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: GCF\_AR\_HL\_GBD-1100\_E34\_PW/EP\_Correction

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: HARL-125985372 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

GBD\_1100\_GCF\_E34\_2009\_01

Co Status: Initial Filing

Authors: Yolanda Topps, Kerri

Hook, Darren Goddard

Date Submitted: 01/14/2009

State Tr Num: 41343

State Status: Filed-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/15/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/15/2009

State Status Changed: 01/15/2009

Corresponding Filing Tracking Number:

Filing Description:

RE: Group Term Life, Form GBD-1100 E34 Correction Filing

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

Dear Sir or Madam:

SERFF Tracking Number: HARL-125985372 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 41343  
Company Tracking Number: GBD\_1100\_GCF\_E34\_2009\_01  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GCF\_AR\_HL\_GBD-1100\_E34\_PW/EP\_Correction  
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We would like to correct a filing for our Group Term Life Certificate form GBD-1100 E34, Conditions for Qualification, originally filed and approved on February 17, 2004.

When we filed GBD-1100 E34, Conditions for Qualification, we inadvertently filed the bracketed Elimination Period range as [9 consecutive months] which was filed as our standard. At this time, we would like to correct this range to show the minimum range as [3 consecutive months] and place the information on file with your department.

There have been no changes made to the originally filed and approved form, because the actual range of 3-18 months has always made available to our insured's.

If you have any questions or comments, please do not hesitate to call me, collect, at 860-323-2374. If it would be more convenient to fax or email your comments, my fax number is 866-554-2166 and my email address is Kerri.Hook@hartfordlife.com.

Sincerely,

Kerri Hook  
Compliance Specialist  
GBD Compliance

## Company and Contact

### Filing Contact Information

Kerri Hook, kerri.hook@hartfordlife.com  
200 Hopmeadow St. (860) 323-2374 [Phone]  
Simsbury, CT 06089

### Filing Company Information

Hartford Life Insurance Company CoCode: 88072 State of Domicile: Connecticut  
200 Hopmeadow Street Group Code: 91 Company Type: Life

Simsbury, CT 06089                      Group Name:                      State ID Number:  
(860) 547-5000 ext. [Phone]           FEIN Number: 06-0974148  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$0.00	01/14/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		01/15/2009	01/15/2009

*SERFF Tracking Number:*      *HARL-125985372*                      *State:*                      *Arkansas*  
*Filing Company:*              *Hartford Life Insurance Company*              *State Tracking Number:*      *41343*  
*Company Tracking Number:*      *GBD\_1100\_GCF\_E34\_2009\_01*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.500 Other*  
*Product Name:*              *GCF\_AR\_HL\_GBD-1100\_E34\_PW/EP\_Correction*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 01/15/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HARL-125985372	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Forn with revised bracketed range.		Yes

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## **Rate Information**

Rate data does NOT apply to filing.



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Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Forn with revised bracketed range.

01/14/2009

### Comments:

### Attachment:

GBD-1100 E34\_Conditions for Qualification.pdf

**Conditions for  
Qualification:** *What  
conditions must I satisfy  
before I qualify for this  
provision?*

[To qualify for Waiver of Premium You must:

- 1) be covered under The Policy [and be under age 60 when You become Disabled;]
- 2) be Disabled and provide Proof of Loss that You have been Disabled for [3 consecutive months],  
[starting on the date You were last Actively at Work;] and
- 3) provide such proof within [one year] of [Your last day of work as an Active [Employee].]

[To qualify for Disability Extension You must:

- 1) be covered under The Policy and be under age 65 when You become Disabled; or
- 2) Your coverage must have been continued under a Disability Extension provision of the Prior  
Policy.]

[In any event, You must have been Actively at Work under the Policy to qualify for [Waiver of Premium  
or Disability Extension].]